

H1N1 and EMS



THE MEXICAN SWINE FLU WHICH COULD BECOME A PANDEMIC THIS YEAR

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H1N1...
the origin of the pandemic...



A photograph of a young child with blonde hair, wearing a light blue t-shirt and blue jeans, leaning against a wire fence. The child is kissing a pig through the fence. The pig is pink and has a dark brown patch on its ear. The background shows a wooden structure, possibly a barn or stable, and some greenery. The text "YOU LITTLE BASTARD." is overlaid in white, bold, sans-serif font at the top of the image.

YOU LITTLE BASTARD.

YOU'VE KILLED US ALL.

H1N1 – Does it matter?

- Hasn't it petered out?
- Think of swine flu as a good drill
- Swine flu, seasonal flu, avian flu, SARS, bioterrorism...same playbook
- How can you help your organization be prepared?

1: Take care of your people



Your people are your organization

- Protect them first
- Keep them informed
- Frequent updates to the field
- Keep it simple
- Dispel the rumors and myths



Protecting your providers

- Vaccinations - # 1 priority
- Work with public health
- Procure vaccines early



Vaccinations

- Dispel the myths
- Fact vs. fiction
- Make them available at the work sites
- If your paramedics can administer, may foster sense of autonomy and confidence



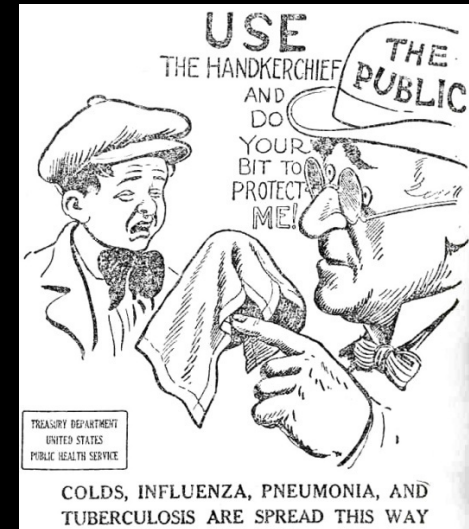
Personal Protective Equipment

- PPEs
 - Proper masks (surgical vs. N95s)
 - Disposable gowns
 - Disinfectant
 - N95s require fit-testing



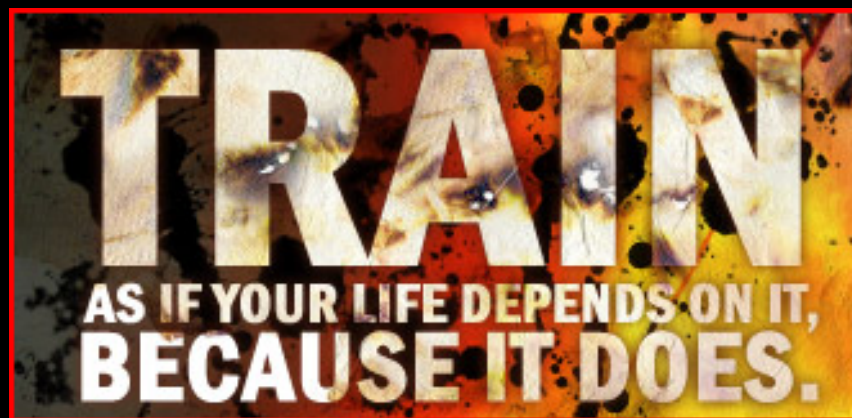
Training

- What is the bug?
- How is it transmitted?
- Incubation period
- Signs and symptoms
- Risk to co-workers (especially in fire-based EMS systems on 24 hour platoon schedules)
- Hand-washing
- Alcohol-based disinfectants
- Gloves



Training

- When is “the flu” not just the flu?
- How are most at risk?
- Very young, very old?
- Co-morbidities?
- Red flags to identify on scene



Dispatch

- Do you have a tiered dispatch system?
- If not, can you maintain your coverage in the event of a massive and sustained spike in call load?
- Do you have a “no-send” category?



Do we need to send?

- Can you safely identify the “at risk” patient over the phone?
- Implementation of a referral line
- 311 hotline for FAQs
- Location of health clinics, vaccination sites, signs and symptoms, when to see a doctor or go to the ER, and when to call 911 and when NOT to call 911
- Must have decreased levels of response as the situation worsens

Adoption of a “no send” category

- Pre-defined trigger points
- Must not be done in a vacuum
- Must include other stakeholders
- Fire Chief/CEO
- Mayor/council
- City attorney
- Add as many pallbearers as possible
- Define the risk
- Ultimately you will be held responsible



LAFD dispatch policy



THEY CALL, WE SEND, YOU GO!

JVC Jazz Festival
Sunday, August 21st • 6:00 p.m. • Hollywood Bowl

Featured Artists:

DAVID BRIDGES
DAVID GORDON
DAVID HANCOCK
DAVID JAZZ
DAVID LEE RAY
DAVID MILES
DAVID NICHOLS
DAVID PERKINS
DAVID RAY
DAVID RAY
DAVID RAY

Limited seating still available.
9461 9421 \$42 \$27

Please Refer to Advertiser
www.jvcjazz.com

FIRE FIGHTERS
There When You Need Them
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, AFL-CIO

PERSHING SQUARE SPRING MARKET 2008

DATE	TIME	LOCATION	PRICE
JULY			
JULY 1	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 2	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 3	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 4	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 5	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 6	10:00 AM - 5:00 PM	Pershing Square	\$10
JULY 7	10:00 AM - 5:00 PM	Pershing Square	\$10
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AUGUST			
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EXPLORE THE WORLD
"The Happest Homecoming On Earth"

IT'S THE RAGE!
THE WORLD'S MOST POPULAR PARTY

ACEBSA
SAVE UP TO \$10.00 ON ADMISSION

Different bug, different rules

- Who is most “at risk”?
- Are there referral sites?
- Available transportation
- Think about the repercussions
- “5 year old girl rushed to ER by her parents died after 911 operator refused to send an ambulance”

Biosurveillance

- Software programs for biosurveillance
- Stay ahead of the curve
- Spike in calls for ILI provides you and the other stakeholders early warning to ramp up and implement your IAP
- Integrate with your CAD
- Dispatcher training



Stay informed

- Subject matter expert for your agency



Incremental approach as the situation worsens



Change in *Treatment* Protocols

- Emphasis on PPEs
- Surgical mask as effective as N95
- Place on both the patient and the providers
- Don for any pt with ILI
- Minimize aerosolizing secretions
- Use of closed circuit/patient-activated nebulizer
- Use of alternative airways (King, Combi, LMA) instead of ETT

Change in *Transport* Policies

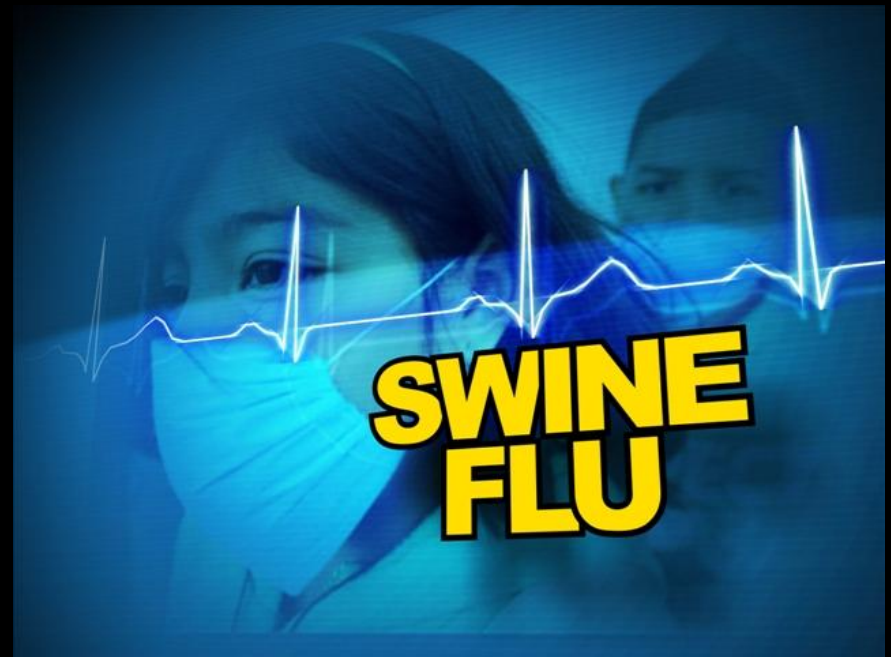
- Level 1 - Routine transport policies
- Level 2 – Evaluate and refer
 - Must define specific chief complaints
 - ALS vs. BLS evaluation
 - Age parameters
 - Co-morbidities
 - OLMC consultation (via base stations) is paramount
 - Provide specific aftercare instructions

Changing Transport Policies

- Level 3 – Adoption of a “no-send” category
- Already existing “omega” protocols for nurse referrals
- Secondary interrogation of callers with RNs in dispatch center for low acuity non-emergency calls
- Referrals

What are the trigger points?

- Call load
- Resource availability
- ED diversion
- Ambulance availability
- Absenteeism



Absenteeism

- Recall policy
- Not just for mass casualty incidents but for prolonged incidents
- Alternate staffing
- 1+1 ambulance staffing

6,000,000 DEATHS FROM INFLUENZA

This Is Estimate For World, For
Past 12 Weeks:

RECALLS BLACK DEATH

"Flu" Five Times Deadlier
Than World War.

LONDON, Dec. 13.—Canadian Press, via Reuter's.)—The Times' medical correspondent says that it seems reasonable to believe that about 6,000,000 persons perished from influenza pneumonia during the past 12 weeks. It has been estimated that the war caused the death of 20,000,000 persons in four and a half years.

Thus the correspondent points out, influenza has proved itself five times deadlier than war, because, in the same

INFLUENZA DEATH RATE IN ONTARIO

London's Fatality List 326 per 100,000 of Population.

Statistics compiled by Dr. J. W. B. Macdonough, chief officer of health for Ontario, indicate that in none of the cities in this province was the death rate from Spanish influenza and complications as great as in the United States centers. Toronto's death rate is given as 227 per 100,000. Kingston was the hardest hit in Ontario, the rate being 648 per 100,000. Winnipeg suffered the most of any Canadian city, according to the figures now available. The death rate in that city was 714 per 100,000.

Camp Sheridan, Ont., where 22,000 soldiers were encamped, had the heaviest death rate of all. It being 2,551 in 100,000 of population.

The figures, which cover an approximate period of six weeks, are taken from influenza and pneumonia statistics.

Cities	Deaths from Influenza and Pneumonia	Death Rate per 100,000 Population
Port William	48	228
Sault Ste. Marie	41	219
Orillia	570	548
Port Arthur	20	181
Windsor	22	106
Kingston	148	648
London	187	327
Toronto	1,800	227
St. John, N.B.	326	326
Winnipeg	368	714
Montreal	2,226	422
Halifax	182	222
Hamilton	244	222

United States Figures

Boston	2,264	221
Pittsburg	2,254	221
Philadelphia	12,527	519
Washington	1,264	501
Montreal	2,226	2,226
Camp Sheridan, O.	22,000	2,551
New York	22,000	400

Alternative destinations

- Must work with hospitals and regulatory agencies



Early treatment

- Have a medical cache available for your providers
- Early treatment to minimize duration of symptoms
- Earlier return to duty



Partnership

- Multiple stakeholders
- EMS
- Hospitals
- Office/clinic-based providers
- Public health



Summary

- Thus far H1N1 has not severely impacted our health care system or EMS system
- Think of H1N1 as a good drill for the next bug
- Planning
- Response
- Recovery
- Are you ready???

